

Application for Weatherization Services

(We may not be able to contact you if information below changes. If there are ANY changes to the household, please notify this agency as soon as possible.)

in Household: _____ Today's Date: _____
 Head of Household _____
 (Applicant): _____ Last _____ First _____ Middle _____

Physical Address _____
 Street CITY COUNTY Zip

Mailing Address _____
 Street CITY COUNTY Zip

PRIMARY PHONE: _____ 2ND OR MSG PHONE: _____

Do you own or are you buying your home? Yes No
 Does anyone in the household receive **foodstamps**? Yes No Name/Amount: _____
 Does anyone in the household receive **WIC**? Yes No Name: _____
 Has anyone in the household been determined **legally disabled**? Yes No Name: _____
 Is anyone in the household a **Veteran**? Yes No Name: _____
 Are you the custodial or legal Guardian of minor children in household? Yes No Child Name(s): _____
 Has **Child Support** been ordered by the court? Yes No If Yes, Do you receive Child Support? Yes No

NAME (Start with Applicant first)	Date of Birth	Social Security Number	Relation to Applicant	Ethnicity	Race	Education	Gender	Marital Status	Health Ins?
<i>(Please choose the correct response from the available choices for each family member)</i>		<input type="checkbox"/> SS# Not Available If you cannot provide a SS#, You MUST provide Legal Proof of Residency	Spouse	Hispanic Non-Hisp.	White Black Am Indian Asian Bi-Racial	0-8 grade 8+Non-grad HS Grad GED 2-4 yr col	Male Female	Child	None Medicaid Medicare Employer Other
			Child					Single	
			Parent					Married Separated Divorced	
			Non Related						

EMPLOYMENT Supervisor: _____ Phone Number: _____

FAMILY MEMBER	COMPANY NAME / Location	DATE HIRED	HRS WEEKLY	HOURLY WAGE	HOW OFTEN PAID	GROSS AMOUNT	LAST 30 DAYS

OTHER SOURCES OF INCOME IN LAST 30 DAYS					
Family Member Name	TYPE OF INCOME	Amount	Family Member Name	TYPE OF INCOME	Amount
	S.S. Retirement			S.S. Retirement	
	SSDI Disability			SSDI Disability	
	SSI			SSI	
	Pension			Unemployment	
	Child Support			ZERO INCOME	\$0.00

Weatherization Services:

Have you ever previously received Weatherization Services from ANY agency? ___ YES ___ NO

If yes, what agency? _____ When? _____

Driving Directions to Your Home:

Empty box for driving directions.

1. Ownership:

Specify Name on Deed (please specify also if "unknown"): _____

House: _____ Mobile Home: _____ Year Built _____ Year Built Verified: _____

Documentation Type Used to Verify Year Built (Answered by Weatherization Staff): _____

2. Heating / Cooling Information:

Name of Utility Provider(s) attach a copy of Utility bill(s): _____

Have you received assistance from the Oklahoma DHS LIHEAP Program? ___ YES ___ NO

Do you pay for the heating & cooling in your home? ___ YES ___ NO

Heating Fuel Type: Electric _____ Nat. Gas _____ Propane _____ Wood _____
Heating System Type: Central _____ Wall _____ Floor _____ Space Heater _____ No Working Heat Unit _____

If no working heating, what is wrong with the heating unit? _____

Is your heating system vented to the outside of the home? ___ YES ___ NO

Cooling System Type: Central Unit _____ Window Unit _____ No Working Cooling Units _____

If no working cooling, what is wrong with the cooling unit? _____

3. Housing Details & Condition:

Exterior Type: Wood _____ Metal _____ Stucco _____ Brick / Concrete / Stone _____ Other Exterior Type: _____

of Windows _____ # Broken / Cracked Windows _____

of Doors _____ Door(s) needed: Replaced _____ Repaired _____ Weatherstripped _____ Door Sweeps _____ Thresholds _____

Is Attic / Ceiling insulated? _____ YES _____ NO Can it be insulated? _____ YES _____ NO

If no, please explain: _____

Are your Walls insulated? _____ YES _____ NO Can they be insulated? _____ YES _____ NO

If no, please explain: _____

Foundation Type: _____ Slab / Solid _____ Crawl Space _____ Other _____

Is Foundation Damaged? YES _____ NO _____ If yes, Describe Damage: _____

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973;(2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction act; or (3) who is receiving benefits under Chapter 11 or 15 of the Title 3B, U.S. Code? ___ Yes ___ No

I understand this Agency may need to share this information with other agencies and/or organizations to best serve my needs. This agency, and their representatives, have my consent and permission to share this information with other agencies and/or organizations. I have read and understand this agreement. I voluntarily sign my consent. I understand I have the right to appeal any decision I do not agree with. I understand that a copy of the policy is available to me upon request.

Hold Harmless Clause - To be Completed by Applicant & Witness

I shall indemnify and save harmless the State of Oklahoma, the agency, its officers, agents, servants, employees and designees from all liability for death or injury to any person resulting from the weatherization of my property.

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Agency Director, who will furnish you with a copy of the Appeals Procedure established under the guidelines of title 74 of the Oklahoma Statutes (1982) Secion 1533.2 & 5023(1991).

This Agency will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as pursuant to the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

Release of Personal Income Information - To be Completed by Applicant & Witness

In order to determine my eligiblity for the program(s) my family is applying for assistance with, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department Of Commerce (ODOC) or its designee to have access to my financial records in my possession of any other enitivity prior to the starting dates of the work to be done. I waive my rights to privacy or confidentiality.

Release of Energy Consumption Information - To be Completed by Applicant & Witness

I hereby grant permission to this Agency and their representatives to inspect utility and billing records at the home of

Client Name _____

Physical Address _____
Street CITY COUNTY Zip

The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

Certification By Applicant(s) - To be Completed by Applicant & Witness

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining **either** a Rehabilitation Loan **or a Weatherization Program Grant** and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certiesthat the residence described in this application is his/her principal place of residence. Applicant states that he/she understands that the Rehabilitation Loan **or the Weatherization Program Grant funds** will be used only for the work and materials necessary to meet all standards set forth by program policy, which are prescribed for the property described in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both".

Applicant Signature

Date

Witness Signature

Date

Income Certification (To be Completed by Agency Staff only):

Source of Documentation: _____

Comments: _____

Verified by: _____ Date: _____

Staff Signature

Radon Consent

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, "[Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program.](#)" there is a very slight risk of increased radon levels in some homes when the building air tightness levels are improved. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

Zones 1 and 2 Only:

Precautionary Measures: Since your house is located in a county identified as having moderate- to high-potential-radon levels (1), precautionary measures indicated below will be installed as part of weatherization:

- Exposed dirt floors covered and sealed
- Floor/foundation penetrations sealed
- Other (Describe): _____

I am aware that there is a small chance that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases. I have chosen to go forward with weatherization, and accept all risks of injury or damages.

I have carefully read this informed consent form and have signed it of my own free will.

Applicant Signature

Date

(1) Defined as counties with predicted indoor radon screening levels at or above 2 pico Curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact->

Carbon Monoxide Testing Permission

by the Weatherization Program

Yes

I hereby grant permission to the Agency representing the Weatherization Assistance Program to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered, this Agency can/or will contact the local gas utility, and it could result in my gas being shut off until the problem is corrected. I also understand that this Agency is under no obligation to make these repairs for me.

Applicant Signature

Date

No

I refuse to let the Agency representing the Weatherization Assistance Program check for possible carbon monoxide problems within my home. I understand that by refusing to give my permission for this testing, this Agency cannot satisfy its program requirements as set by the Oklahoma Department of Commerce, and that my application will no longer be considered for weatherization services.

Applicant Signature

Date

Application for Weatherization Services
INDOOR AIR QUALITY AND SAFETY CHECKLIST

YES	NO	
		1. Has your furnace filter been cleaned or replaced in the past six months?
		2. Have you had your home tested for radon?
		3. Do you have mold or mildew problems during the winter?
		4. Do your bathrooms have working exhaust fans and are they used?
		5. Do you have and use your kitchen exhaust fan (not recirculation type) when using the stove or oven? When was the last time the grease filter was cleaned? _____ -
		6. Is your clothes dryer vented indoors? Do you dry damp clothes indoors?
		7. Is the basement or crawlspace below your home frequently damp or wet?
		8. Are the following items typically stored inside your home? <input type="checkbox"/> Paints, solvents, grease, oil, etc. <input type="checkbox"/> Pesticides, herbicides, bug bombs, etc. <input type="checkbox"/> Gasoline cans, gasoline lawn mowers, chain saws, etc. <input type="checkbox"/> Kerosene or kerosene space heaters
		9. Do you use a wood stove, fireplace or unvented space heaters during the winter?
		10. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellowish rather than solid blue?
		11. Do you regularly use any of the following potentially toxic chemicals in your home? <input type="checkbox"/> Strong cleaning products <input type="checkbox"/> Pest killers, insect sprays, flea bombs, etc. <input type="checkbox"/> Room Deodorizers
		12. Do any family members have indoor hobbies using glue, paint, varnish, etc.?
		13. Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?
		14. Does anyone smoke inside your home?
		15. Does a fine, white dust or powder regularly appear on the floor or furniture beneath textured ceilings or old pipe and duct insulation?
		16. Is anyone in your household experiencing any of the following symptoms? <input type="checkbox"/> Chronic headaches <input type="checkbox"/> Burning or watery eyes <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Chronic drowsiness <input type="checkbox"/> Asthma or bronchitis <input type="checkbox"/> Dizziness <input type="checkbox"/> Repeated nausea
		17. Are the symptoms reported by more than one member of the household?
		18. Are the symptoms more severe in those who spend the most time indoors at home?
		19. Are the symptoms most severe in household members younger than 4 or older than 60?
		20. Do the symptoms become less severe when away from the house? Approx. how many hours away from the house seem to make a difference? _____
		21. Do the symptoms exhibit a seasonal pattern?
		22. Do you use a humidifier during the winter (free-standing or mounted)?
		23. Do you have any indoor pets?
		24. Do you live in a manufactured home or mobile home?
		25. Have any of the following things been added or done to your home recently? <input type="checkbox"/> Newly constructed or extensive remodeling or painting in the past 3 years? <input type="checkbox"/> New plywood or particle board paneling or subflooring? <input type="checkbox"/> New carpets, draperies or upholstered furniture? <input type="checkbox"/> New kitchen cabinets, teak or oak veneer or plastic laminate furniture? <input type="checkbox"/> Extensive weatherization, including blown-in wall insulation? <input type="checkbox"/> Changes in your gas or oil heating system (80% + efficiency furnace, new water heater or new chimney for furnace, water heater or wood stove)?
		26. Is the draft of your wood stove or fireplace weak, even after the first few minutes?
		27. Is there anything else in or about your home you may suspect may contribute to poor indoor air quality, excessive moisture or be a physical hazard to the occupants?
		28. Is there evidence of rodents or rodent droppings in your home, attic, crawlspace, heating ducts or other enclosed areas in or around your home?

Please explain:

CONFLICT OF INTEREST

REQUIREMENT 111 CONFLICT OF INTEREST EFFECTIVE SEPTEMBER 1, 2014

Employees of this Community Action Agency are not eligible to receive Weatherization services from the Agency.

This conflict of interest provision applies to any person who is an employee, agent, consultant, officer, elected or appointed official or immediate relative of anyone employed at this Community Action Agency. For purposes of this policy, immediate family member is defined as follows:

Spouse	Grandparents	Father-in-law	Brother-in-law
Children	Grandchildren	Mother-in-law	Sister-in-law
Parents	Adopted family members	Daughter-in-law	
Brother / Sister	Step-family members	Son-in-law	

This includes Full-time, Part-time, Substitute, Temporary or Contract employees. Former employees are not eligible for ONE YEAR after they are no longer an employee.

EXCEPTIONS -

Upon the written request of the Contractor, ODOC may grant an exception on a case-by case basis when it determines the exception will serve to further the purposes of the ODOC programs and the effective and efficient administration of the Contractor's program or project. An exception may be considered only after the Contractor has provided an assurance that:

1. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made.
2. An opinion of the Contractor's attorney that the interest for which the exception is sought would not violate State or local law.

Please SIGN and RETURN this document with your application.

I acknowledge that I am not an employee or conflict of interest official, and have not been employed by the agency for a period of at least ONE YEAR.

Applicant Signature

Date